SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



2. MUNICIPALITY		

REGISTRATION TYPE	ΓE (mm/dd/yyyy)		2. MUNICIPALITY					
✓ Initial Amendment				(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Representative				(If applicable) 062				
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other (Spec	ify)				
6. CANDIDATE NAME								
First Name		MI	Last Name Suffix			Suffix		
William			J	Simanski				
7. CANDIDATE RESIDENCI	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address 12 Kilmer Ln				Address				
City		State	Zip Code	City		State	Zip Code	
Granby		СТ	06035					
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
(Include Area Code)								
860 653 0686 granbills1@gmail.c			.com					
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE								
(Check one)								
A Lam forming a candidate committee and Lam required to file a Candidate Committee								

A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.

Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.

Important Notice: Failure of a candidate to complete this page *together with* either Form 1A, "Registration of Candidate Committee," *or* Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee.

See Section 9-623(b), Connecticut General Statutes.

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised September 2016



REGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment William J Sima	william J Simanski					
12. COMMITTEE NAME						
Simanski 2016						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
60 Haven Dr	1	.				
City State Zip C			Website			
Granby	CT	00000				
16. TREASURER NAME						
First Name		MI	Last Name		Suffix	
Mark		С	Neumann			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
60 Haven Dr						
City	State	Zip Code	City	State	Zip Code	
Granby	СТ	T 06035				
19. TREASURER TELEPHONE 20. TREASURER E			IAIL ADDRESS			
(Include Area Code)						
860 653 9668 mark.neumann.06			6@outlook.com			
21. DEPUTY TREASURER NAME		l M	Lord Norma		C	
First Name		MI	Last Name		Suffix	
Roger	Hernsdorf					
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
			Address			
58 Barn Door Hills Rd		a: a .		a	7: 0 1	
City	State	Zip Code 06035	City	State	Zip Code	
Granby	CT	0000				
24. DEPUTY TREASURER TELEPHONE	25. DEP	URER EMAIL ADDRESS				
nclude Area Code)						
860 653 7112 rog@informationproductsinc.com						
26. DEPOSITORY INSTITUTION NAME						
Simsbury Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
11 Hartford Avenue, Granby, CT 06035						

SEEC FORM 1A

Roger Hernsdorf

DEPUTY TREASURER SIGNATURE

Revised September 2016							
REGISTRATION TYPE CANDIDATE NAME							
✓ Initial	Amendment	William J Simanski					
28. CERTIFI	CATION						
I here comm this st or dep	I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.						
	am J Simanski	02/14/2016 DATE (mm/dd/yyyy)					
	DATE GIGIVATORE	DATE (IIII) dd yyyy)					
candice elector require limitare I certification in the care in th	late to serve as r in the State of ements as contions or restrict fy that I have p fy that I have n ection, any (A) Title 9 of the C r the completion of the	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an f Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures. aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense. It otherwise barred from serving as a treasurer by order of the State Elections Enforcement					
Mark	02/14/2016						
	JRER SIGNATURE	DATE (mm/dd/yyyy)					
Deputy Treasurer							
candic and ac autom that I a disclo prohib	I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.						
I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.							
jurisdi under plea o	ction, any (A) Title 9 of the C	ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.					
	fy that I am not cement Commi	t otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.					

02/14/2016

DATE (mm/dd/yyyy)



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**





REGISTR	ATION TYPE	CANDIDATE NAME				
☐ Initial	☐ Amendment					
12. REASO	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE				
	I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded soler, we a town committee or a political committee formed for a single election or primary and expendit to the description of this space of the committee sponsoring my candidacy. The name of this space of the committee sponsoring my candidacy.					
		OR				
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.				
C.	C. I do not intend to receive experiments in excess of one thousand dollars (\$1,000).					
□ D. I do proved to receive or expend any funds, including personal funds, for this campaign.						
13. CER						
can		state, under penalties of false statement, that this statement of exemption from forming a se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				